

EXTENSIONS OF REMARKS

IN RECOGNITION OF CAROLYN
RODENBURG AND THE IIB'S
FOUNDATION

HON. BARBARA COMSTOCK

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, February 24, 2017

Mrs. COMSTOCK. Mr. Speaker, I am honored to use this time to recognize a local foundation in Virginia's 10th District that has been strengthening our community and raising breast cancer awareness since 2004. The IIB's Foundation, founded, by 14-year breast cancer survivor and proud Leesburg resident, Carolyn Rodenburg, focuses on ensuring that no woman diagnosed with breast cancer feels afraid or alone.

In April of 2002, at the age of 42, Ms. Rodenburg was diagnosed with breast cancer and underwent a double mastectomy. During this difficult time in her life, she recalled feeling very alone and often helpless. However, Ms. Rodenburg found the inner strength and became determined to make a difference when she realized there were others just like her that needed a support system built on trust and understanding. It was a combination of her sudden diagnosis, surgery, and feelings afterwards that sparked her interest in helping like-minded women that were undergoing similar experiences, and she has been making a difference ever since.

Thus in 2004, Ms. Rodenburg left behind her long career in the corporate world to dedicate her life to comforting and educating other breast cancer survivors by founding the IIB's Foundation. IIB's (pronounced three B's) stands for Bosom Buddy Baskets, which were the original basis on which the foundation came about. The pink Bosom Buddy Baskets are filled with treats, back scratchers, pillows, stuffed animals, and protective post-op gear and are intended for women in post operation recovery following mastectomy surgeries. This gesture helps show other women in recovery that they have a line of support from other survivors.

The IIB's Foundation has grown immensely under Ms. Rodenburg's leadership. Initially, Ms. Rodenburg founded it with the intention of helping friends going through the breast cancer treatment process. Today, the organization has morphed into a well-recognized foundation, hosting several annual fundraisers and events each year. One reoccurring event which has garnered a great deal of popularity is the yearly Pink Tie Charity Ball. It is fun, forward thinking community events, like the Pink Tie Charity Ball, that have helped the organization thrive and grow tremendously over the years into the organization it is today.

To date, Ms. Carolyn Rodenburg and the IIB's Foundation have helped thousands of women and families affected by breast cancer, and I am grateful to have such a prominent and resourceful organization in the 10th District. Mr. Speaker, I ask my colleagues to join me in applauding the IIB's Foundation for its dedication to serving our community for so many years. I wish Ms. Rodenburg and the

entire organization the best in their future endeavors.

PROVIDING FOR CONGRESSIONAL
DISAPPROVAL OF FINAL RULE
BY SECRETARY OF HEALTH AND
HUMAN SERVICES

SPEECH OF

HON. DIANE BLACK

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 16, 2017

Mrs. BLACK. Madam Speaker, I include in the RECORD 3 letters, one from myself and Senator JONI ERNST, a letter from the Family Research Council, and one from 25 outside organizations, which support H.J. Res. 43.

CONGRESS OF THE UNITED STATES,

Washington, DC, September 23, 2016.

Hon. SYLVIA MATHEWS BURWELL,

Secretary, U.S. Department of Health and Human Services, Washington, DC.

DEAR SECRETARY BURWELL: We write to express our strong opposition to the Department of Health and Human Services (HHS) September 7, 2016, notice of proposed rulemaking titled "Compliance with Title X Requirements by Project Recipients in Selecting Subrecipients." Although we appreciate the Department's intent to follow proper regulatory procedure pursuant to the Administrative Procedure Act, HHS's purpose for engaging in the rulemaking appears on its face to be an attempt to subvert the will of elected representatives.

Moreover, apart from the Department's impetus for the notice of proposed rulemaking, we also question whether the Department's stated rationale adequately supports its conclusion that providers with a reproductive health focus are more "effective" than other health providers that offer comprehensive care for women and men. Nowhere in the proposed notice of rulemaking does HHS clearly define what it means to provide Title X services in an "effective" manner. It does appear to assert that a number of factors—such as the range of contraceptive methods on-site, the number of clients in need of publicly funded family planning services served, and the availability of preconception care—distinguish providers with a reproductive health focus as more "effective" and "high quality" than other types of providers. However, that list of factors falls far short of all of the attributes and recommendations included in the Centers for Disease Control and Office of Population Affairs report entitled "Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs."

To further complicate the argument about quality and effectiveness, the data cited in the notice of proposed rulemaking is not adequate for determining patient outcomes. The Department relies heavily on utilization and demographic statistics, but appears to lack hard data regarding actual patient outcomes and need, as the Department does not require grantees to track patients or verify their income. As you know, the issue of inadequate data has previously been raised by the Institute of Medicine (IOM), after the HHS Office of Family Planning in 2007 asked IOM to provide a critical review of the Title

X Family Planning Program. In addition to finding "no clear, evidence-based process for establishing or revising program priorities and guidelines," IOM stated the following in its May 2009 Report Brief:

"The committee concludes that the program does not collect all the data needed to monitor and evaluate its impact. Therefore, the committee proposes a comprehensive framework to evaluate the program and assess how well clinics meet the family planning needs of the program's clients. The committee concludes that additional data will be needed in the areas of client needs, structure, process, and outcomes in order to assess the program's overall progress."

We welcome evidence that this recommendation has been fully adopted, but are unaware of any clear evidence confirming that to be the case. If HHS cannot clearly define an "effective" or "high quality" provider, it is unclear to us how state and local project grantees are supposed to do so in order to comply with this proposed rule. It is also therefore unclear how HHS will be able to accurately determine in every case whether state or local project recipients—who are generally closer to and more familiar with subrecipients and the patient base in their geographical region—have considered inappropriate criteria in evaluating subrecipients. Rarely do the American people benefit when the federal government attempts to substitute its judgment for that of state or local governments—particularly when the criteria used to inform that judgment are unclear, and that judgment is not supported by coherent and impartial facts.

Finally, if HHS is going to assert the authority to adapt its rules in order to address changing circumstances, we implore HHS to consider the recent general shift in health care policy toward comprehensive care. As HHS states on its website, in addition to assisting individuals and couples in planning and spacing births, part of the mission of Title X is to contribute to "improved health for women and infants." HHS's suggestion that subrecipients like federally qualified health centers—which provide greater preventive and primary health care services than providers with a reproductive health focus—are per se less "effective" than providers with a reproductive health focus does not comport with that stated mission.

We urge HHS to reconsider this overreaching and ill-supported rule. We will continue to closely monitor this proposed rulemaking, and intend to submit this letter as a formal comment. We look forward to a detailed response from your Department.

Sincerely,

JONI K. ERNST,
United States Senator.
DIANE BLACK,
United States Con-
gressman.

FAMILY RESEARCH COUNCIL,
Washington, DC, February 14, 2017.
HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of Family Research Council and the families we represent, I urge you to vote Yes on Rep. Diane

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

Black's (R-TN) H.J. Res. 43, a joint resolution of disapproval under the Congressional Review Act to overturn former President Obama's HHS final rule on Title X family planning funds (81 FR 91852, December 19, 2016). This rule blocks states from restricting Title X family planning funds to abortion providers like Planned Parenthood, effectively creating a backdoor handout for the abortion industry. Congress can and must act to overturn this harmful rule, which lacks any statutory basis. FRC will score in favor of this resolution.

This rule prohibits Title X primary grant recipients, including states and some private entities, from "prohibit[ing] an entity from participating for reasons other than its ability to provide Title X services." The stated intent of this rule is to coerce numerous states to give family planning funds to abortion providers like Planned Parenthood. This harms states which have chosen to prioritize these family planning funds to health clinics and community health centers that seamlessly offer a full range of healthcare services, including family planning, but which do not participate in abortion. In addition, the rule disrupts the current health care arrangements of tens of thousands of women who obtain services that are uniquely provided to them by current Title X-funded comprehensive health care clinics in those states.

The Title X statute of the Public Health Service Act itself requires that no funds may be used for "programs where abortion is a method of family planning," but nowhere does the law say that states cannot exclude certain providers, let alone abortion providers. Furthermore, states realize that money is fungible. When Planned Parenthood or other abortion providers receive Title X grant funding, it frees up resources for them to spend more on abortion, their main source of non-governmental income.

States should be free to allocate Title X funds in a way that clearly keeps family planning and abortion separate by not funding abortion providers like Planned Parenthood, which use abortion, the killing of an innocent unborn human being, as a form of "family planning." Obama's HHS rule on Title X is an executive overreach and a handout to the abortion industry that is simply without basis in the law.

Again, on behalf of FRC, I urge you to vote for Rep. Diane Black's H.J. Res. 43, a Congressional resolution of disapproval to overturn this harmful rule. FRC will score in favor of this resolution.

Sincerely,

DAVID CHRISTENSEN,
Vice President for Government Affairs.

FEBRUARY 15, 2017.

DEAR MEMBER OF CONGRESS: On behalf of the millions of members of our national and state-based pro-life and pro-family organizations listed below, we urge you support application of the Congressional Review Act to eliminate former President Obama's 11th-hour rule preventing states from eliminating Title X funding from Planned Parenthood and other abortion providers.

During the 114th Congress, efforts to defund America's abortion giant were spurred by undercover videos which show that Planned Parenthood has been engaged in unethical and possibly illegal practices connected to the trafficking of unborn children's organs for profit. The videos detail Planned Parenthood's willingness to manipulate abortion methods—at times, in ways that raise questions about whether the ban on partial-birth abortion has been violated—to more easily obtain intact hearts, lungs, brains, and other organs to be sold to tissue brokers.

Because of Congressional efforts to defund Planned Parenthood and President Donald Trump's campaign commitment to defend the nation's largest abortion provider, President Obama finalized an 11th-hour rule forcing states to award Title X funds to Planned Parenthood and other abortion providers.

Like other efforts to defund Planned Parenthood, the Congressional Review Act eliminating President Obama's 11th-hour rule would allow states to continue using their legal authority to award Title X funds to family planning clinics that do not engage in abortion or trafficking of baby body parts.

We urge the 115th Congress to act swiftly to undo the bureaucratic protectionism that President Obama put in place to grant America's largest abortion provider permanent and privileged access to our taxpayer dollars.

For Life,

Marjorie Dannenfelser, President, Susan B. Anthony List; Paul Weber, President & CEO, Family Policy Alliance; Tom McClusky, Vice President, March for Life Action; Frank Cannon, President, American Principles Project; Clarke Forsythe, Acting President & Senior Counsel, Americans United for Life Action; Penny Nance, CEO & President, Concerned Women for America; Kristan Hawkins, President, Students for Life; Lauren Muzyka, Executive Director, Sidewalk Advocates for Life; Melissa Ortiz, Able Americans; Eric Teetsel, President, Family Policy Alliance of Kansas; Troy Newman, President, Operation Rescue; Brian Fisher, Human Coalition, President & Co-Founder.

Maria McFadden Maffucci, Editor, Human Life Review; Matt Lockett, Executive Director, Bound4LIFE International; Roland C. Warren, President and CEO, Care Net; Judie Brown, President, American Life League; Jim Sedlak, Founder, STOPP International; Steven Ertelt, Editor, LifeNews.com; Joe Ortwerth, Executive Director, Missouri Family Policy Council; Denise Leipold, Executive Director, Right to Life of Northeast Ohio; Tami L. Fitzgerald, Executive Director, NC Values Coalition; Jeanette Burdell, Executive Director, St Joseph County Right To Life; Nicole Theis, President, Delaware Family Policy Council; John Helmberger, Chief Executive Officer, Minnesota Family Council; Chris Slattery, Director, Expectant Mother Care-EMC FrontLine Pregnancy Centers.

PERSONAL EXPLANATION

HON. JACKY ROSEN

OF NEVADA

IN THE HOUSE OF REPRESENTATIVES

Friday, February 24, 2017

Ms. ROSEN. Mr. Speaker, on February 14th on roll call vote 89, I was not present because I was unavoidably detained. Had I been present, I would have voted "No."

THE INTRODUCTION OF A BILL TO REQUIRE THE LIBRARY OF CONGRESS TO INSTALL THE D.C. SEAL IN THE MAIN READING ROOM OF THE THOMAS JEFFERSON BUILDING

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA

IN THE HOUSE OF REPRESENTATIVES

Friday, February 24, 2017

Ms. NORTON. Mr. Speaker, today, I introduce a bill to require the Library of Congress to install the District of Columbia seal in the Main Reading Room of the Thomas Jefferson Building of the Library of Congress concurrently with the renovation and replacement of the existing glass panels. The House Transportation and Infrastructure Committee passed this bill unanimously last Congress. The Library is one of the few buildings in the District that remains open to the public on most holidays. It provides not only D.C. residents but visitors and researchers from across the nation with access to incomparable resources. The bill requires the Library to depict the District's seal on the stained-glass windows in the Main Reading Room, where the seals of all the states and territories that existed when the building was constructed, except for the District, are depicted. D.C.'s seal was readily available at that time and should have been included. The seals of Hawaii and Alaska are not included in the display because they were not states or territories when the building was constructed. The fact that these two states were not part of the Union at the time of the creation of the stained-glass windows argues for the inclusion of the District, which, after all, was in fact the nation's capital at the time. We are asking that the omission of D.C. be corrected immediately. This omission was brought to my attention by a District resident, Luis Landau, a former docent at the Library.

The residents of the District have always had all the obligations of American citizenship, including paying federal taxes and serving in all the nation's wars, including the War of 1812, during which the Capitol building, which then housed the Library of Congress, was burned, prompting construction of the current Library of Congress building with the state and territory seals. It is, therefore, without question that the District and its residents should receive equal treatment among the stained-glass windows that portray the history of the United States. D.C. residents deserve to have their history and American citizenship recognized.

There is existing evidence that the seal of the District should have been depicted. The Members of Congress room in the Jefferson Building, which is not open to the public, has a painted depiction of the D.C. seal, along with state seals, on its ceiling. This precedent reinforces our request to be represented among the stained-glass windows in the Main Reading Room, which is open to the public. There is no reason why the D.C. seal cannot be added with the planned restoration of the stained-glass. The right time to add the seal of the District would be during the planned restoration.

Congress already includes the District, or has corrected the omission of the District, when honoring the states. For example, the District of Columbia War Memorial honors District residents who served in World War I, the